



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM

SOLID WASTE TECHNICIAN CERTIFICATION CLASS ENROLLMENT FORM

Name	Mailing Address	City/State
ZIP	E-mail Address	Telephone with area code

FACILITY INFORMATION

Current Employer	Employer Address
Position/Title	Employer Telephone with area code

COURSE SELECTION (CHOOSE ONE)

March <input type="checkbox"/>	September <input type="checkbox"/>
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Complete this form and return it to:

**Missouri Department of Natural Resources
Solid Waste Management Program
Compliance/Enforcement Section
P.O. Box 176
Jefferson City, MO 65102-0176**

MO 780-2000 (07-08)